

Case Number:	CM15-0021877		
Date Assigned:	02/11/2015	Date of Injury:	05/29/2009
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old female who reported an injury on 05/29/2009. The mechanism of injury was lifting a plastic tote. The injured worker underwent an anterior cervical discectomy and fusion at C4-7, a right shoulder arthroscopy, and a carpal tunnel release. The diagnoses included lumbar radiculopathy, positive EMG/NCV, status post epidural steroid injection on 12/06/2014, internal derangement of the bilateral knees, anxiety/depression, insomnia, and NSAID related gastritis, and left heel plantar fasciitis. The injured worker underwent lumbar spine x-rays on 04/15/2014. The injured worker underwent an MRI. Prior therapies included physical therapy, medications, rest, and an epidural steroid injection. There was a Request for Authorization submitted for review dated 01/02/2015. The documentation of 12/10/2014 revealed the injured worker had 50% relief from pain after the first injection on 12/06/2014. The physical examination revealed a positive straight leg raise at 75 degrees bilateral, eliciting pain at the L5-S1 distribution. There was hypoesthesia of the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5-S1 dermatome level. There was weakness in the big toe dorsiflexor and big toe plantarflexor. There was tenderness to palpation in the paraspinal musculature. The request was made for a second epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Second lumbar epidural steroid injection at the levels L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend repeat epidural steroid injections when there is documentation of objective functional improvement, an objective decrease in pain of 50% or better, and a decrease in pain medication for the duration of 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had 50% pain relief. However, the first injection was on 12/06/2014, which would not allow for 6 to 8 weeks of 50% pain relief, 6 to 8 weeks of objective functional improvement, and 6 to 8 weeks of medication reduction. Given the above, the request for a second lumbar epidural steroid injection at the levels of L4-5 and L5-S1 is not medically necessary.